

INCOME AND PROPERTY CHECKLIST FOR FEDERAL ELIGIBILITY DETERMINATION – ADOPTION ASSISTANCE PROGRAM

CHILD'S ADOPTIVE NAME

STATE ADOPTION CASE NO.

ADA

All information listed below should be reviewed to determine whether the child meets the requirements for federal AAP eligibility. Please review each item with regard to the child's income and property status at the time the adoption petition was filed. If the information can be consolidated on the AAP 4 this form may remain in the case records for verification purposes. If not, attach a copy of this form to the AAP 4 before transmittal to the county welfare department.

				Yes	No
1. Does the child have any of the resources listed below? If Yes, explain below.				<input type="checkbox"/>	<input type="checkbox"/>
a. Cash b. Savings account c. Checking account d. Credit union account e. Checks f. Notes, mortgages, trust deeds g. Trust fund h. Stocks, bonds, certificates i. Other resources which can be quickly changed into cash					
Type of Resource	Current Value	Location	Account Number		
	\$				
	\$				
	\$				
	\$				
	\$				
2. Does the child receive, or expect to receive at the time the petition for adoption is filed, income from the following sources? If Yes, explain below.				<input type="checkbox"/>	<input type="checkbox"/>
a. Contributions or cash gifts b. Sale of property c. Tax refunds d. Legal or accident settlements pending e. Interest, dividends f. Scholarships, grants, loans for school					
Source of Income	Date Received or Expected	Amount	How Often		
	\$				
	\$				
	\$				
	\$				
	\$				
3. Does the child own personal property which costs at least \$100 for each item or is now worth at least \$100 each? If Yes, list below. Do not list clothing, furniture, televisions, or household furnishings. List musical equipment, recreational equipment, livestock, etc.				<input type="checkbox"/>	<input type="checkbox"/>
Item			Purchase Price or Current Price		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

					Yes	No
4. Does the child have any insurance coverage? If Yes, list below:					<input type="checkbox"/>	<input type="checkbox"/>
Type	Name of Company	Premium Paid By	Amount Paid	How Often		
			\$			
			\$			
			\$			
			\$			
			\$			
					<input type="checkbox"/>	<input type="checkbox"/>
5. Does the child receive any of the following for free or in exchange for work that he/she does? If Yes, list below.					<input type="checkbox"/>	<input type="checkbox"/>
Item		Received From		Value		
a. Housing				\$		
b. Utilities				\$		
c. Food				\$		
c. Clothes				\$		
6. If the child is 16 years or older, is he/she presently attending school or a training program? If Yes, full time? Is the child employed? If Yes, how many hours per month? List gross income and mandatory deductions below:					<input type="checkbox"/>	<input type="checkbox"/>
Gross Income		Federal Withholding	State Withholding	Social Security		
\$	\$	\$	\$			
\$	\$	\$	\$			
7. Does the child hold any property in his/her name? If Yes, list below:					<input type="checkbox"/>	<input type="checkbox"/>
Type		Address or Location				
8. Does the child own, or have exclusive use of any motor vehicle(s)? If Yes, complete the following:					<input type="checkbox"/>	<input type="checkbox"/>
Year, Make, and Model	License No. and State of Registration	Current License Fee	Amount Owed	Monthly Payments		
			\$	\$		
			\$	\$		
			\$	\$		
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.						
ADOPTION WORKER NAME		SIGNATURE			DATE	